

Payment Process
 Execute RSA (145-90 or 145-95) Agency Journal Entry (430-40) Other _____

Requesting Agency	BRU	Component	ADN #
Servicing Agency	BRU	Component	ADN #

I. Project or program title: _____

II. The servicing agency agrees to provide the requesting agency with the following service(s):
 (Answer who, what, where, when, why and how cost estimates are derived. Use attachment if necessary.)

REQ Program Contact/Phone: _____ SVC Program Contact/Phone: _____

III. Terms and mechanics of reimbursement: **Billing Address:**

Payment upon approval _____
 Payment upon receipt of inter-agency billing _____
 Payment upon completion of service(s) _____
 Other (Specify) _____

Commencement date	Completion date	Billing RD code	Phone #
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IV. Servicing agency cost based on: Itemized costs of service(s) provided
 Cost allocation schedule (description of allocation methodology must be attached)

V. Schedule of maximum costs to be incurred by the Servicing Agency:

	Original Agreement	Previous Amendment(s)	This Amendment	Total
Personal Services	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Travel	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Contractual	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Supplies	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Equipment	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Grants	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Other	_____	_____	_____	_____ 0.00
Total	\$ _____ 0.00	\$ _____ 0.00	\$ _____ 0.00	\$ _____ 0.00

Servicing Agency may not change line items without approval of Requesting Agency

VI. Budgeting and Accounting Information :

Requesting Agency Appropriation Capital Operating
 If Operating, is item on Inter-Agency Services Report? No Yes, on detailed Budget Page _____
(Format: Sec Ch SLA Pg Ln)

Financial coding to be charged _____ **Appropriation Cite** _____
 _____ **Appropriation Cite** _____

Open Item # or Batch # (RS, EN, or AJE) _____ **Date funds lapse** _____

Federal funds No Yes, Amount _____

Federal Agency/Program/CFDA/Grant/Contract No. _____ **Federal Pass Through** YES NO

Servicing Agency Authorization

Is this agreement using budgeted authorization? No Yes
 Is item on Restricted Revenue Report? No Yes, on detailed Budget Page _____

AR _____ CC _____ RR _____ Other _____
 AR _____ CC _____ RR _____ Other _____

VII: Approvals & Certification: The requesting agency and servicing agency agree to the terms and conditions above. In addition, the requesting agency certifies that sufficient funds are encumbered to pay this obligation or that there is sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be take up to and including dismissal.

Requesting Agency Authorized Signature	Printed Name	Date
Servicing Agency Authorized Signature	Printed Name	Date
OMB Authorized Signature (as applicable)	Printed Name	Date